

**INSTRUCTIONS FOR COMPLETING THE
CLAIMS COLLECTION LITIGATION REPORT (CCLR)
FOR SUM-CERTAIN ADMINISTRATIVE DEBTS**

Regions need to complete the CCLR for any sum-specific administrative debt where the principal amount is \$1 million or less (excluding interest, costs, and penalties). EPA Regional offices should complete all appropriate boxes and send the completed form to DOJ's National Central Intake Facility (see CCLR Mailing Instructions below). Incomplete CCLR's will be returned to the Region.

These instructions are keyed to the numbered blocks on the CCLR.

1. **Agency Claim No.:** Insert Site Spill ID No. Provide on the top of each page of the CCLR.
2. **Date:** Insert date CCLR is sent to DOJ's National Central Intake Facility.
3. **To:** Insert name and complete address of the AUSA and Federal Litigation Unit (FLU) responsible for the district where the debtor resides (please refer to the attached AUSA and FLU directory - Attachment 1).
4. **From:** Insert name and complete mailing address of the person who should receive correspondence in connection with the matter.
5. **Debtor's Name and Address:** If an individual is liable for the debt, insert first, middle, and last name, and full address of the primary individual (information on additional debtors can be provided in boxes 34-45). If a company is liable for the debt, insert the full name and primary address of the company. Please ignore directions on the CCLR regarding foreclosure.
6. **Debtor's SSN/EIN:** If an individual is liable for the debt, insert the individual's Social Security Number here. If a company is liable for the debt, insert the company's Employer Identification Number. If both an individual and a company are liable for the debt, insert both the individual's SSN and the company's EIN. If the SSN or EIN is unobtainable, insert "unknown."
7. **Default Date:** Insert date debt was originally due.
8. **SOL Expiration Date:** In most cases, this will be six years from the default date. If the debt was the subject of dispute resolution, the expiration date is one year after the completion of dispute resolution, or six years after the default date, whichever comes later. Questions regarding the appropriate statute of limitations can be directed to David Dowton in EPA's Office of Site Remediation Enforcement (202-564-4228).

9. **Basis for Expiration Date:** The six year statute of limitations that will apply in most cases is discussed in 28 U.S.C. 2415. (*See* #8 above)
10. **Referred for:** Insert “X” in box next to “enforced collection.” Leave 10a blank. If a debtor is in bankruptcy do not use CCLR (use a proof of claim referral to DOJ’s Environmental Enforcement Section).
11. **Amount of Claim:** Insert principal amount in space (a), and interest due in space (b). Also, insert in the second line of space (b) the date through which the Region calculated interest due. Leave space (c) blank. Insert the calculation of applicable stipulated penalties, if any, in space (d). Also, note in space (d) the last date used for the calculation, as well as the rate at which stipulated penalties will continue to accrue under the terms of the settlement (*e.g.*, \$1000 per day). Total the amounts in spaces (a), (b), and (d) and put that amount in space (e).
- If the principal amount in space (a) is over \$1 million do not use a CCLR; rather, refer the debt to the Department of Justice.**
12. **Annual Rate of Interest:** Insert Superfund rate of interest as of the date of the referral. Also, state that the Superfund interest rate changes on October 1st of each year.
13. **Compromise Amount or %:** Leave blank.
14. **Basis of Claim:** Insert “X” in box next to “Claim not evidenced by note but by the following statute or regulation;,” and write in “see attached settlement” in the blank. Attach a copy of the settlement, any DOJ approval letter (because the settlement contained a compromise at a site at which total response costs exceed \$500,000, excluding interest, or because it was issued under AG authority), as well as the name of the DOJ attorney who handled the approval. If the settlement did not become effective until issuance of an EPA notice stating that public comments, if any, did not require modification of or withdrawal from the settlement, include copy of notice.
15. **Agency Contact:** Insert the name of Regional contact who can answer questions regarding the matter. This may be the same person found in box #4.

THE INDIVIDUAL DEBTOR

16. **Debtor's Name:** Insert primary individual debtor's full name.
17. **AKA (Also Known As):** Insert any other name(s) debtor is known to have used, including maiden name if applicable, and the name debtor used on the settlement if different from debtor’s name in blocks 5 and 16. If no other names are known leave blank.

18. **Date of Birth**: If known or obtainable, insert debtor's date of birth.
19. **Home phone number**: If known or obtainable, insert debtor's home phone number with area code.
20. **Employer**: If known or obtainable, insert full name and address of all of debtor's employers.
21. **Debtor's Job Title**: If known or obtainable, insert debtor's job title/description.
22. **Work Phone**: If known or obtainable, insert debtor's work phone number with area code.
23. **Salary**: If known or obtainable, insert debtor's salary, and indicate whether gross or net and frequency paid.
24. **Service Site**: Insert full address where a summons or complaint can be personally served on debtor. A post office box cannot be served.
25. **Verified By**: Insert name of EPA employee who verified data provided in the CCLR.

THE CORPORATE DEBTOR

26. **Name**: Insert full name of company debtor.
27. **Address**: Insert company debtor's complete address.
28. **DBA**: Insert any other name company debtor may use (this could be another name the company does business under).
29. **Phone**: Insert company debtor's phone number, including the area code.
30. **Type of Business**: Insert the form of debtor's business, such as, corporation, sole proprietorship, partnership, etc. If partnership, use CCLR Supplementary Data Sheet to list names and addresses of all partners.
31. **Date and State of Incorporation**: If known, insert date incorporated and state of incorporation.
32. **Service Agent**: Insert name, phone number, and address of agent authorized to accept service of summons and complaint for debtor, if any.
33. **Verification**: Insert name and phone number of EPA employee who verified data included in the CCLR.

CO-DEBTOR(S)/GUARANTOR(S)/CO-SIGNER(S)

Cases with multiple, “joint and severally” liable debtors can be referred to the FLUs. Complete boxes 34-45, if applicable, for each debtor. Attach additional pages if needed.

34. **Name(s)**: Insert full name(s) of any co-debtor(s) who may also be liable for this debt if you want DOJ/USAO to try to collect all or part of the debt from them.
35. **SSN/EIN**: If an individual is co-liaible for the debt, insert the individual's Social Security Number here. If a company is co-liaible for the debt, insert the company's Employer Identification Number. If both an individual and a company are co-liaible for the debt, insert both the individual's SSN and the company's EIN. If the SSN or EIN is unobtainable insert “unknown.”
36. **AKA (Also Known As)**: Insert any other name(s) co-debtor is known to have used, including maiden name if applicable, and the name co-debtor used on the settlement if different from co-debtor's name in blocks 5 and 16. If no other names are known, leave blank.
37. **Date of Birth**: If known or obtainable, insert co-debtor's date of birth.
38. **Home phone number**: If known or obtainable, insert co-debtor's home phone number with area code.
39. **Employer**: If known or obtainable, insert full name and address of all of co-debtor's employers.
40. **Work Phone**: If known or obtainable, insert co-debtor's work phone number with area code.
41. **Debtor's Job Title**: If known or obtainable, insert co-debtor's job title/description.
42. **Salary**: If known or obtainable, insert co-debtor's salary, and indicate whether gross or net and frequency paid.
43. **Service Site**: Insert full address where a summons or complaint can be personally served on co-debtor. A post office box cannot be served.
44. **Basis of Liability**: Write in “see attached settlement” in the blank.
45. **Verified By**: Insert name of EPA employee who verified data provided in the CCLR.

FORECLOSURES

The section of the CCLR on foreclosures is not applicable. Leave boxes 46-50 blank.

DEBTOR'S ABILITY TO PAY

51. **Property Interests**: If known, insert data on any real estate or other property, such as cars, boats, etc., the debtor(s) and/or co-debtor's own or are buying. Include data on the value of the property, the county or counties in which it is located, any other liens, and what equity is available to satisfy the claim.
52. **Assets**: Insert data on any debtor assets in which the Government has a secured interest (i.e., CERCLA lien).
53. **Other Assets**: Insert data on any other assets that the Government might be able to attach to pay this claim, such as bank or credit union addresses and account numbers.

AGENCY CLAIM HISTORY

54. **Last Demand Date**: Insert date of last demand on debtor to pay this claim and summary of the debtor's response to that demand.
55. **Compromise**: Insert details of any compromise or settlement offers made by, or to, the debtor and any responses to them. Attach any correspondence which provided the debtor the opportunity to discuss the debt with EPA (e.g., "Notice of Violation for Late Payment, dunning letter).
56. **Collection Actions Taken**: Insert data on actions taken by the Region to collect on this claim. Note whether partial payment was made. If needed attach supplementary data sheet.

ADDITIONAL INFORMATION

57. **HHS Loans**: Leave blank.
58. **Additional Agency Comments**: Insert any additional comments or information which might help locate the debtor and collect this claim.

59. **Checklist:** Check off boxes corresponding to “CCLR,” “Certificate of Indebtedness,” “Original Notes or Other Evidence of Debt” (i.e., the settlement), and “Summary of Collection Actions taken by the Agency.” If the Region has a credit report for the debtor, check the corresponding box and attach the report. Leave blank boxes pertaining to bankruptcy and foreclosure.

CCLR SUPPLEMENTARY DATA SHEET - ANTICIPATED DEFENSES

Use one supplementary data sheet to discuss “anticipated defenses.” Clearly title the page “anticipated defenses” and include the following discussion:

Beyond any potentially applicable contract defenses, which do not normally arise as defenses to payment under CERCLA settlements, the only other basis for excusing the respondent’s payment obligation is if the respondent can demonstrate that it currently does not have the financial ability to meet the obligation, nor will it in the foreseeable future.

The respondent’s liability under the statute is not at issue. In fact, the settling respondent(s) entered into the settlement to avoid a determination of their alleged liability. Therefore, it would be inappropriate for a party, at this juncture, to refuse to pay on the basis that it is not liable. Furthermore, section 122(h)(3) of CERCLA states that if a person fails to pay a claim settled under section 122(h) of CERCLA, EPA shall request that the Department of Justice bring a civil action in an appropriate district court to recover the amount of the claim (plus interest, costs and attorney’s fees), and that in such an action “the terms of the settlement shall not be subject to review.”

[If a party has raised an inability to pay defense, note that here and attach any supporting documentation (*e.g.*, party’s response to a CERCLA section 104(e) request for financial information). Also, provide the Region’s analysis of the party’s inability to pay claim.]

CCLR MAILING INSTRUCTIONS

Mail the completed CCLR to:

U.S. Department of Justice
National Central Intake Facility
Suite 220
1110 Bonifant St.
Silver Spring, MD 20910-3358

CLAIMS COLLECTION LITIGATION REPORT (CCLR)

1. Agency Claim No.	2.	Date
THE CLAIM AT A GLANCE		
3. To: (Use Complete Address)	4. From: (Use Complete Address)	
5. Debtor's Name & Address * (If a FORECLOSURE, Insert address of property here so claim will be referred to USAO where property is located.)		
6. Debtor's SSN / EIN:	7.	Default Date:
8. SOL Expiration Date	9.	Basis for SOL Expiration Date:
10. <u>Referred for:</u> <input type="checkbox"/> Enforced Collection <input type="checkbox"/> Judgment Lien Only <input type="checkbox"/> Renew Judgment Lien Only <input type="checkbox"/> Renew Judgment Lien & Enforce Collection <input type="checkbox"/> Program Enforcement <input type="checkbox"/> Foreclosure Only <input type="checkbox"/> Foreclosure & Deficiency Judgment <input type="checkbox"/> File Proof of Claim Only Comments - <input type="checkbox"/> Other - real property lien <u>DOJ Concurrence for:</u> <input type="checkbox"/> Compromise (4 CFR 103) <input type="checkbox"/> Suspension (4 CFR 104) <input type="checkbox"/> Termination (4 CFR 105)		11. <u>Amount of Claim:</u> a. Total Principal Due _____ Total Interest Due _____ Through 04/29/99 _____ c. Total Administrative Charges Due _____ d. Total Penalty Charges Due _____ e. Total Amount of Claim _____ An Annual Rate _____ 12. Of Interest _____ 13. Compromise Amount or % _____
10a. DEBTOR IN BANKRUPTCY: Chapter: 7 11 12 13 Unknown <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
14. Basis of Claim: <input type="checkbox"/> Claim evidenced by note, guaranty, or surety obligation: OR <input type="checkbox"/> Claim not evidenced by note but by the following statute or regulation;		15. Agency Contact: Name: Phone No.: (FTS and Commercial)

(CCLR)

Agency Claim No.

THE INDIVIDUAL DEBTOR

16. Debtor's Full Name:

17. A.K.A.:

18. Date of Birth:

19. Home Phone No. (Include Area Code):

20. Employer's Name and Address:

21. Debtor's Job Title:

22. Work Phone No. (Include Area Code):

23. Debtor's Salary: \$_____

☐ Gross ☐ Weekly ☐ Monthly
☐ Net ☐ Biweekly ☐ Annually

24. Best place for Marshal to serve process by personal delivery: (Do NOT give P.O. Box) ☐ Home ☐ Work

Other (Specify):

25. Name of person who verified above data, date verified, and how verified:

THE COMPANY DEBTOR

Note: If this claim is to collect a debt owed by an entity other than an individual person, such as a company, partnership, corporation, etc., additional information will be required. In such cases, insert the data called for in blocks 26-33 below and use CCLR Supplementary Data Sheets to furnish additional information, as appropriate.

26. Debtor's Full Name:

27. Debtor's Address:

28. D.B.A.:

29. Phone No. (Include Area Code):

30. Type of Business:

31. Date & State of Incorporation:

(CCLR)

Agency Claim No.

32. Name, Address & Phone Number (Include Area Code) of Service Agent:

33. Name of person who verified above company debtor data, date verified, and how verified:

CO-DEBTOR(S)/GUARANTOR(S)/CO-SIGNER(S)

34. Full Name(s):

35. SSN / EIN:

36. A.K.A.:

37. Date of Birth:

38. Home Address/Business & Phone No. (Include Area Code)

39. Employer's Name & Address:

40. Work Phone No. (Include Area Code):

43. Best place for Marshal to serve process by personal delivery: (Do NOT give P.O. Box) ☐ Home ☐ Work

Other (Specify):

41. Co-Debtor's Job Title:

42. Salary: \$_____

☐ Gross☐ Weekly☐ Monthly☐ Net☐ Biweekly☐ Annually

44. Basis of Liability:

45. Name of person who verified above data on co-debtor(s)/guarantor(s)/co-signer(s), date verified, and how verified:

(CCLR)

Agency Claim No.

FORECLOSURES

Note: If this claim is referred for foreclosure only or foreclosure and a deficiency judgment, the following additional data will be required. In such cases, insert the date called for in blocks 46 - 50 below and use CCLR Supplementary Data Sheets to furnish additional information, as appropriate.

46. Debtor's Address:

47. Mortgage Recording Information:

County_____

Date of Recording _____

Volume (Liber)

Page Number (Folio)

48. Property Occupancy:

Debtor Resides on Property: Yes [] No []

Property is Abandoned: Yes [] No []

Property is occupied by tenant: Yes [] No []

49. If recovery of chattels is included in the foreclosure, list the chattels here and provide more detailed information on the CCLR Supplementary Data Sheet:

50. List other Federal liens against property:

DEBTOR'S ABILITY TO PAY

51. The debtor/co-debtor owns or is buying the following real estate or other property (cars, boats, etc.):

52. Assets in which the Government has a secured interest:

53. Other Assets: (savings/checking accounts, provide bank and/or credit union name(s) and address(s) and account number(s); deceased debtor's estate, provide administrator/executor information; other sources of income):

NAME OF BANK

ACCOUNT NUMBER

ACCOUNT TYPE

Agency Claim No.

AGENCY CLAIM HISTORY

54. Date of last demand for payment to debtor and summary of debtor's response:
Company default and no longer during business

55. Details of any compromise or settlement offers made by, or to, the debtor and any responses thereto:

56. Summary of collection actions taken by agency:

ADDITIONAL INFORMATION

57. For HHS loans: Medical or other professional association locator data:

58. Additional agency comments:

59. AGENCY CHECK LIST: CCLR package must contain:

In General:

☐ CCLR

☐ Certificate of Indebtedness

☐ Credit Report

☐ Payment History, if any

☐ Original Notes or Other Evidence of Debt,
Including Assignments, If Any

☐ Summary of Collection Actions Taken by Agency

Debtor in Bankruptcy:

☐ Proof of Claim, or Copy Thereof, Attached

For Foreclosures:

☐ CCLR

☐ Credit Report

☐ Original Promissory Note

☐ Original Real Estate Mortgage

☐ Original Statement of Account/Affidavit
of Amount Due

☐ Title Evidence, If Available

☐ Directions to Property If No Street Address
Available

☐ Chattel Lien Searches If Chattels Involved

(CCLR)

Agency Claim No.

CCLR SUPPLEMENTARY DATA SHEET

Use this sheet to provide any additional information that might help locate those from whom the claim might be collected and any assets that might be available to satisfy a judgment in favor of the United States. Please indicate the number(s) of the block(s) on the CCLR that any additional data is intended to supplement.

(CCLR)	Page 7 of 7
Agency Claim No.	
ACKNOWLEDGMENT FORM	

------(FOLD HERE)-----

DOJ/USAO ACKNOWLEDGMENT TO AGENCY

60. Debtor’s Full Name:
61. Agency Claim No.:
62. DOJ/USAO Number:
63. Received at DOJ/USAO on:
64. Received at DOJ/USAO by:
(Print Name)
65. Questions?
- Contact:
(Print Name & Phone Number (Include Area Code) of DOJ/USAO Contact)

------(FOLD HERE)-----

66.